M.E. Simpson Co Inc Premium Conversion Election Form and Salary Reduction Agreement

You may pay for employer-sponsored benefit plan premiums with pre-tax dollar Conversion Plan (the "Plan"). Simply check the first box and return thi, to your employer's designated individual.	
Failure to comply with the above instructions will result in any premiums being paid after-tax dollars. Please check the second box for the after-tax option.	outside the Plan with
Irrevocable Election. If you elect the pre-tax option, you cannot change or revoke yopen enrollment period for the next Plan Year. Your Summary Plan Description (Slimited circumstances in which an election may be changed. The primary exception status (e.g., marriage, divorce). Any election change must be requested within 30 d	PD) has details on the n involves a change in
Employee Information	
Name: SS#:	
Address:	
Phone:	
Election Options (check one)	
I elect the pre-tax option for the current Plan Year. I authorize my employer to r tax payroll deductions to pay for benefits available under the Plan. If applicable, you may elect to make pre-tax contributions to a Health Savin described in the SPD. By indicating the amount of the contribution below, yo eligible to contribute to an HSA and represent that you will revoke your HSA longer eligible to contribute to an HSA.	ngs Account (HSA) as u certify that you are
I hereby elect to contribute the following amount to the HSA for this Plan Year and authorize a pre-tax payroll deduction from the Plan:	\$
I elect to pay for my benefit premiums on an after-tax basis. I authorize mappropriate after-tax payroll deductions.	ny employer to make
Employee Statement and Signature	
 I understand the contents of this Election Form and agree to the following: This Election Form does not enroll me in any benefit plans or options available Pre-tax premiums reduce my compensation for Social Security tax purposes My election revokes any prior election under the Plan and remains in force throyears, unless I revoke the election or execute a new Election Form During the open enrollment period, I may change my elections for the next Plan If my contribution for any benefit changes, I authorize my employer to change accordingly 	ough subsequent Plan n year
Employee's Signature	 Date